EXHIBIT 12
DATE 1-21-11
HB 68

Billings Clinic

MEDICAL MARIJUANA

Effective Date: 8/20/10 Policy #: O-200

Approved by: Mark Rumans, M.D.

POLICY STATEMENT
This policy provides guidance for handling medical marijuana at Billings Clinic.

INTENT
To describe procedures for handling medical marijuana.

- Provide guidelines when patients are in possession of medical marijuana at the time of admission or requests to use medical marijuana while at Billings Clinic facilities.
- Provide guidelines for Medical Staff when they have patients requesting Medical Marijuana and/or wishes to certify.

This policy applies to patients treated at Billings Clinic and does not address use by employees.

DEFINITIONS

- Prescribing: to write an order for a drug, treatment, or procedure (typically an outpatient).
- Ordering: a written order by a health professional for a medication to be dispensed by a pharmacy for administration to a patient (typically an inpatient).
- Certifying: a statement of written certification from a Montana licensed physician that the patient meets criteria for use of medical marijuana.

GENERAL CONSIDERATIONS
Medical Marijuana is considered contraband (schedule I controlled substance) by the Drug Enforcement Administration (DEA) and by the Montana Board of Pharmacy. Therefore, ***the use of Medical Marijuana is not permitted for persons within any Billings Clinic facility*** even though Montana Law permits certain individuals to legally possess and use small amounts of marijuana to help manage symptoms of debilitating medical conditions. Marijuana, in any form, may not be ordered by any prescriber on staff for patient use at any Billings Clinic facilities.

PROCEDURE

1. ORDERING: Medical Staff that have patients requesting the use Medical Marijuana have an alternative choice in prescribing dronabinol (Marinol®) for use within the facility. FDA approved indications and dosing are below:
   a. *AIDS - Loss of appetite:* initial, 2.5 mg ORALLY twice daily, before lunch and dinner; may reduce to 2.5 mg/day, given ORALLY in the evening or at bedtime if usual dose is intolerable; adjust to optimal clinical response, MAX 20 mg/day
   b. *Chemotherapy-induced nausea and vomiting; Prophylaxis:* 5 mg/m(2) ORALLY 1 to 3 hr before chemotherapy, 5 mg/m(2) ORALLY every 2 to 4 hr after chemotherapy for a total of 4 to 6 doses/day; may increase dose by 2.5 mg/m(2) increments to MAX dose of 15 mg/m(2)/dose
2. ADMISSION: If at the time of admission, staff discovers a person to be in possession of marijuana:
   a. It is the patient's responsibility to remove the marijuana from the facility.
   b. If a patient is not able to remove it from the facility, the marijuana will be turned over to law enforcement authorities.

c. Billings Clinic will not store paraphernalia commonly used to smoke marijuana such as pipes, bongs, etc. Paraphernalia will be turned over to law enforcement authorities.
    i. In order to protect patient's privacy, law enforcement will not be informed of the patient's name unless required or allowed by regulation (see Billings Clinic Policy on release of confidential patient information to Law Enforcement for more information).

GUIDELINES FOR PROVIDERS INTERESTED IN CERTIFYING PATIENTS FOR MEDICAL MARIJUANA

1. Physician's statement of written certification requires:
    a. Full assessment of the patient's medical history and current medical condition
    b. Bona fide physician-patient relationship (includes, but not limited to):
        i. Taking a medical history
        ii. Performing a relevant physical examination
        iii. Reviewing prior treatment and treatment response
        iv. Obtaining and reviewing relevant diagnostic tests
        v. Discussing advantages, disadvantages, alternatives, potential adverse effects and expected response to the treatment recommended, and ensuring that the patient understands them
        vi. Monitoring the response to treatment and possible adverse effects
        vii. Creating and maintaining patient records
        viii. Notifying the patient's primary care physician when appropriate
    c. Patient has a ***debilitating*** medical condition which includes:
        i. Cancer, glaucoma, HIV, AIDS
        ii. Or a condition or treatment that causes:
            1. Cachexia or wasting
            2. Severe or chronic pain
            3. Severe nausea
            4. Seizures
            5. Severe or persistent muscle spasms
    d. **Potential benefits outweigh the health risks**
2. Benefits:
    a. In 1999 the Institute of Medicine published a review of the scientific literature for marijuana and medicine which concluded: "The effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications".
    b. A literature review published in 2010 (Tucotte, 2010) concluded: "As efficacy and tolerability of these agents remain questionable, it is important that cannbinoids not be considered "first-line" therapies for conditions for which there are more supported and better-tolerated agents. Instead, these agents could be considered in a situation of treatment failure with standard therapies or as adjunctive agents where appropriate."
    c. In 2010 the American Glaucoma Society released a position statement concluded: "Although marijuana can lower the IOP, its side effects and short duration of action, coupled with a lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time."
3. Risks:

a. Acute intoxication – psychomotor impairment, euphoria, nausea, dysphoria, tachycardia, anxiety, paranoia
b. Impaired cognition, memory, attention, educational/occupational function
c. Lifetime risk of developing marijuana dependence in approximately 10% of users
d. Physical withdrawal including irritability, anger, anxiety, depression, insomnia, weight loss, stomach pain, marijuana craving; withdrawal peaks at 2-6 days, lasts 4-14 days
e. High rates of marijuana treatment admissions for teens and young adults
f. Risks associated with smoking such as tar and other toxic substances
g. Drug interactions – additive sedation and tachycardia, high protein binding, induces cytochrome P450 1A2 metabolism of some other drugs
h. Increased risk of fatal car crashes
i. Increased risk of developing schizophrenia

REFERENCES

1. Montana Medical Marijuana Act – Sec. 50-46-201, M.C.A.
2. Montana Board of Medical Examiners Position Paper. Medical Marijuana: Physician's Written Certification for Medical Marijuana and the Bona Fide Physician-Patient Relationship. 21 May 2010.
3. Joy JE, Watson SJ, Benson JA, eds. Marijuana and Medicine: Assessing the Science Base 1999. Institute of Medicine.
4. Tucotte D, Le Dorze J, Esfahani F et al. Examining the roles of cannabinoids in pain and other therapeutic indications: a review. Expert Opin Pharmacother 2010:11;17-31
5. J Glaucoma 2010;19-75-6
6. Hall W, Degenhardt L. Adverse heatlth effects of non-medical cannabis use. Lancet 2009:374;1383-91
7. Medical Marijuana. *Med Lett Drugs Ther.* 2010; 52(1330):5-6.